

## **Contact Line Listing for Pertussis Outbreak Management**

Name of Case:	Date of onset:				Infectious Perdiod:// to//				
Contact Name	Date of Birth	Phone number	Relation to Case	Gender	Dates of from:	exposure to:	Cough	Received Antibiotics (Y/N) If yes, list type and start date	Outcome: (received PEP/ case status ascertained via WVEDSS/ lost to follow-up)

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<sup>\*</sup>If yes, transfer to outbreak line list and ascertain case status using WVEDSS form